## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

| Аp | plication / | on or | Docke | t Number |
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|---|--|---|-----------------------------------|--------------|---|------------------|-------------------|---------------------|------------------------|--------------------------|-------------------------|------------------------|
| CLAIMS AS FILED - PART I  |  |   |                                   |              |   |                  | SMALL ENTITY TYPE |                     | OR                     | OTHER THAN  SMALL ENTITY |                         |                        |
| II S  | NATIONAL S                                     | STAGE FEES                                  | (Column                           | (Column 1)   |   | (Column 2)       |                   | RATE                | FEE                    |                          | RATE                    | FEE                    |
|   |  | - TAGE I EEG                                | CMALL ENT                         | - 6 150      | LABO  | F ENT - \$ 200   |                   | BASIC FEE           |                        | ΩD                       |                         |                        |
| BASIC FEE   |  |   | SMALL ENT.                        |              | LARGE ENT. = \$ 300  All other situations = |                  |                   |                     |                        | UK                       | BASIC FEE               | 300                    |
| EXAMINATION FEE   |  |   | (4) = \$ 50 /<br>U.S. is ISA = \$ | \$ 100       | \$ 100 / \$ 200                             |                  |                   | EXAM. FEE           |                        |                          | EXAM. FEE               | 200                    |
| SEARCH FEE  |  |   | ALL other cour<br>\$ 200 / \$ 4   | ntries =     | ALL other situations = \$ 250 / \$ 500      |                  |                   | SEARCH FEE          |                        |                          | SEARCH FEE              | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu                              | ıs 10Ö =     | / 50 =                                      |                  |                   | X \$ 125 =          |                        |                          | X \$ 250 =              |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | /3 minus 20 = *                   |              |   |                  |                   | X \$ 25 =           |                        | OR                       | X \$ 50 =               |                        |
| INDEPENDENT CLAIMS  |  |   | / minus 3 = *                     |              |   |                  |                   | X \$ 100 =          |                        | OR                       | X \$ 200 =              |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                                   |              |   |                  |                   | + \$ 180 =          |                        | OR                       | + \$ 360 =              |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                                   |              |   | lumn 2           | •                 | TOTAL               |                        | OR                       | TOTAL                   | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                                   |              |   |                  |                   | SMALL ENTITY        |                        | OR                       | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                                   | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR                | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                          | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                             | **           |   | =                |                   | X \$ 25 =           |                        | OR                       | X \$ 50 =               |                        |
|   | Independent                                    | *   | Minus                             | ***          |   | =                |                   | X \$ 100 =          |                        | OR                       | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |              |   |                  |                   | + \$ 180 =          |                        | OR                       | + \$ 360 =              |                        |
|   |  |   |                                   |              |   |                  |                   | TOTAL ADDIT.<br>FEE |                        | OR                       | TOTAL ADDIT.<br>FEE     |                        |
|   |  | (Column 1)                                  |                                   |              | mn 2)                                       | (Column 3)       |                   |                     |                        | •                        | <u>-</u>                |                        |
| NT B  |  | CLAIMS<br>REMAINING<br>. AFTER<br>AMENDMENT |                                   | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR                | PRESENT<br>EXTRA |                   | RATE                | ADDI-<br>TIONAL<br>FEE |                          | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus                             | **           |   | =                |                   | X \$ 25 =           |                        | OR                       | X \$ 50 =               |                        |
|   | Independent                                    | *   | Minus                             | ***          |   | =                |                   | X \$ 100 =          |                        | OR                       | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                   |              |   |                  | + \$ 180 =        |                     | OR                     | + \$ 360 =               |                         |                        |
|   |  |   |                                   |              |   |                  |                   | TOTAL ADDIT.<br>FEE |                        | OR                       | TOTAL ADDIT.<br>FEE     |                        |
|   |  |   |                                   |              |   |                  |                   |                     |                        |                          |                         |                        |
|   |  |   |                                   |              |   | •                |                   |                     |                        |                          |                         |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> </ul>                   |  |   |                                   |              |   |                  |                   |                     |                        |                          |                         |                        |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                   |              |   |                  |                   |                     |                        |                          |                         |                        |